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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: TRUELY-CLEAN, CORP DOCUMENT NUMBER: P23000034430 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MARIA PEIFFER ARGUELLO Name of Contact Person CAP ACCOUNTING & TAX SERVICES INC Firm/ Company 11725 COLLIER BLVD., STE AT Address NAPLES, FL 34116 City/ State and Zip Code CAPPAYROLL5@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MARIA PEIFFER ARGUELLO Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section **Division of Corporations** Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TRUELY-CLEAN, CORP		
(Name of Corporation as curren	itly filed with the Florida Dept. of State)	
P23000034430		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this articles of Incorporation:	is Florida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new name of the corporation:		
NIA		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain	Corp.," the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NA	
		•
		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	 -
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address	dress in Florida, enter the name of the ss:	
Name of New Registered Agent	<u> </u>	
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Co	ate)
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familian		
Signature of New	Registered Agent, if changing	

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change	PT	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	S	ANGELLY C ORTIZ CORTES	27122 JACKSON AVE
Add			BONITA SPRINGS, FL 34135
Remove			
2) Change	P	LUIS M GIRALDO	27122 JACKSON AVE
X Add			BONITA SPRINGS, FL 34135
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

<u>If amending or ad</u> Attach <i>additional s</i>	ding additional A heets, if necessary)	rticles, enter chang). (Be specific)	<u>e(s) here</u> :		
	XV/E				
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<u> </u>					
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H an amendment provisions for im	provides for an ex plementing the an	change, reclassification	ition, or cancellati ntained in the amo	ion of issued share endment itself:	<u>28.</u>
(if not applied	ble, indicate N/A)				
		NIA			
			~		

•

The date of each amendment(s)	MAY 07, 2025	, if other than the
date this document was signed.	adoption:	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing require Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without sh	areholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for th sufficient for approval.	e amendment(s)
	pproved by the shareholders through voting groups. The follower each voting group entitled to vote separately on the amen	
"The number of votes co	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
MAY 07 Dated	, 2025	
Signature	augelly Ortiz Corte	28.
selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, trustee inted fiduciary by that fiduciary)	
	ANGELLY C ORTIZ CORTES	
	(Typed or printed name of person signing)	·······
	PRESIDENT	
	(Title of person signing)	